

FILED DEC 30 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 42959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9594

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN St Louisc. LENGTH OF  
STAY (in this place)  
5 Wks

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo

b. COUNTY St Louis

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Gardenvilled. STREET ADDRESS (If rural, give location)  
5101a Lakewood3. NAME OF DECEASED  
(Type or Print)a. (First)  
Albertb. (Middle)  
Jc. (Last)  
Vogt4. DATE OF DEATH (Month) (Day) (Year)  
Nov, 11, 1950

## 5. SEX

male

6. COLOR OR RACE  
white7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)  
married8. DATE OF BIRTH  
Jan 9, 18779. AGE (In years last birthday) 73  
10. UNDER 1 YEAR Months  
11. UNDER 1 HRS. Hours  
12. MIN.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired10b. KIND OF BUSINESS OR INDUSTRY  
Gov't Worker11. BIRTHPLACE (State or foreign country)  
St Clair, Ill.12. CITIZEN OF WHAT COUNTRY?  
USA

## 13a. FATHER'S NAME

William Vogt

## 13b. MOTHER'S MAIDEN NAME

not known

## 14. NAME OF HUSBAND OR WIFE

Cora Vogt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no16. SOCIAL SECURITY NO.  
none17. INFORMANT'S SIGNATURE OR NAME  
Al VogtADDRESS  
5101 Lakewood18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH  
9 days

under

1 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13/50, to 11/11, 1950, that I last saw the deceased alive on 11/11, 1950, and that death occurred at 3:59 a.m., from the causes and on the date stated above.

## 23a. SIGNATURE

Paul M. Gadinell M.D.

## 23b. ADDRESS

St Louis City Mo

## 23c. DATE SIGNED

11/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 24b. DATE

11/14/50

## 24c. NAME OF CEMETERY OR CREMATORY

Parl Lawn Cemetery

## 24d. LOCATION (City, town, or county) (State)

St Louis County, Mo.

DATE REC'D BY LOCAL REG. NOV 13 1950

## REGISTRAR'S SIGNATURE

J B Pasater

## 25. FUNERAL DIRECTOR'S SIGNATURE

J L Ziegenhein &amp; Sons

## ADDRESS

7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

24410

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*W. G. Peterson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Grains

**Notes:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.